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ABSTRACT

Although alcoholism has long been considered a serious problem, the impact of parental alcoholism on children has only recently begun to receive attention from researchers and clinicians. A review of the empirical literature on children of alcoholics was conducted and it was concluded that children raised in an alcoholic family are at increased risk for developing school problems, substance abuse in adolescence and/or adulthood, social difficulties, hyperactivity, low self-esteem, an external locus of control, and legal difficulties. Most studies on children of alcoholics obtained their samples from treatment groups. One study, using a nonclinical sample, suggests that the clinical alcoholic may not be representative of the alcoholic population in general. More studies using nonclinical samples are needed before results can be generalized. An examination of whether the empirical literature identifies the alcoholic family system as a unique form of systemic dysfunction or as equivalent to other pathological families revealed that only one study attempted to address this issue. Consequently, no definitive conclusions could be drawn. An examination of the alcoholic family system in light of the findings of clinicians who have worked extensively with alcoholic families focused on interpersonal relationships, co-dependency, Post Traumatic Stress Disorder, and emotional interactions among family members. A 63-item reference list concludes the document. (Author/NB)

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CHILDREN OF ALCOHOLICS

A Doctoral Research Paper

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of the Requirements for the Degree

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By

Deborah Helen Krois

May, 1987

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CHILDREN OF ALCOHOLICS

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ABSTRACT

CHILDREN OF ALCOHOLICS

Deborah Helen Krois

The primary goal of this paper is to provide an extensive evaluation of the empirical literature on children of alcoholics. What can be concluded is that children raised in an alcoholic family are at increased risk for developing school problems, substance abuse in adolescence and/or adulthood, social difficulties, hyperactivity, low self-esteem, an external locus of control, and legal difficulties.

The question of generalizability is then addressed. Most studies on children of alcoholics obtain their samples from treatment groups. It is suggested that the clinical alcoholic may not be representative of the alcoholic population in general.

The third area to be examined is whether the empirical literature identifies the alcoholic family system as a unique form of systemic dysfunction or as equivalent to other pathological families. Only one study attempts to address this issue. As such, no definitive conclusions can be drawn.

Finally, the alcoholic family system is examined in light of the findings of clinicians who have worked extensively with alcoholic families. The issues of interpersonal relationships, co-dependency, Post Traumatic Stress Disorder, emotional interactions among family members, and the children's roles are examined.

Children of Alcoholics

Alcoholism has long been considered a serious problem resulting in severe negative consequences for the alcoholic, such as loss of family, employment, health, and even life. Until recently the alcoholic him or herself has been the object of concern to clinicians and researchers while the spouse and the children have been largely ignored. Now, finally, the impact of parental alcoholism on the children is receiving increasing attention from both clinicians and researchers. The question being addressed today is whether or not the children of alcoholics are at risk for a variety of social and psychological difficulties. This paper will attempt to begin to answer this question through a comprehensive examination of the research literature on children of alcoholics.

Upon extensive evaluation of the empirical literature on children of alcoholics ten specific problem areas emerged. The problems most commonly found were school problems, substance abuse in adolescence and/or adulthood, social difficulties, depression, hyperactivity, aggression, low self-esteem, an external locus of control, dependency, and legal problems.

This paper will separately examine each of these social and psychological problems commonly found among children of alcoholics. Within each problem area the studies with supportive findings will be extensively described and evaluated. It will be seen that some studies contain methodological or conceptual problems which render the results suspect. In an attempt to identify with some sense of certainty the potential difficulties of children of alcoholics the studies which are methodologically sound will be weighted most heavily.

It should be mentioned that while most of the studies report multiple findings, each problem area will be discussed individually. As such, each study will be explained in full only once (the first time it is mentioned), but will be referred to numerous times.

After an extensive examination of the literature, some tentative explanations of the research findings will be suggested.

Social and Psychological Problems of Children of Alcoholics

School Problems

School problems are by far the most frequently identified difficulties of children of alcoholics. One of the first studies on children of alcoholics was conducted by Haberman in 1966. His sample was drawn from the Washington Heights Master Survey, a large-scale representative community study of urban alcoholism in residential areas. Parental alcoholism was defined as problems in health, work, or interpersonal relationships as a result of drinking. Groups compared were 89 children of alcoholics and 92 controls divided into two groups, one in which at least one parent had stomach ulcers or other chronic stomach trouble and another group with neither pathology. Controls were matched with the alcoholic group for sex, age, marital status, education, and ethnicity. Mothers were interviewed, and findings indicated that children of alcoholics were more likely than both control groups to experience trouble in school. The specific nature of the school problems was not identified by Haberman, which unfortunately, is characteristic of many of the studies which assert that school problems are commonly found in children of alcoholics. One is left to wonder whether they are referring to low intellectual ability, a learning disability, emotional problems necessitating school counseling, behavior problems, authority problems with teachers, difficulties with peers, truancy, drop out, etc. The list is unending. The general heading of "school problems" requires a much more specific definition.

Additional problems with this study are that no standardized measurement instruments were used and no information was provided on the statistical significance of group differences. A potential problem with this and other studies which will be examined later is that the mother was the sole informant. This means that comparisons

are being made of the mother's perceptions of their children and not necessarily the children themselves. This is a common problem when measurement instruments are designed to be completed by the parents. It would have been valuable to administer a test directly to each child. However, Haberman must be applauded for initiating a pioneering work in an area which up to that point had been largely neglected.

In 1969, Cork studied children of 62 sets of parents who volunteered from a larger sample of 1,005 current or former alcoholic parents. Their 115 children were interviewed concerning family life and its effects on them and the child's difficulty in making or keeping friends. In addition, a questionnaire was completed by each child. Of the children studied, 59 were male and 56 female, all between the ages of 10-16. No control group was employed. Most of the families were intact and middle or upper class. A number of children, especially the older ones, felt that their school work was negatively affected as a result of living in an alcoholic home. Other findings will be addressed in later sections of this paper.

The strength of Cork's study is that it is a sensitive investigation into the plight of children of alcoholics. She was one of the first researchers to address and attempt to investigate the difficulties encountered by these children. However, her work lacks scientific rigor and results must be interpreted with caution. She used no control group, relied soley on a single interview and questionnaire with each child, and did not operationally define the basis for the ratings of the children. While Cork's investigation of children of alcoholics leads to some interesting speculations, results cannot be considered conclusive because of the many methodological problems.

Chafetz, Blane, and Hill (1971) compared 100 children of alcoholics and 100 children of nonalcoholics. Both groups consisted of children and their families who had been seen at the Massachusetts General Child Guidance Clinic. The sample was randomly selected and matched with a control group on age, religion, ordinal position,

and mean number of siblings. All children were between the ages of 2-19. The parent was considered to be an alcoholic if they had been identified as such in the clinic records. Comparison variables were chosen "in part for their theoretical relevance, and in part on the empirical basis of whether the information was available in the majority of records" (Chafetz et al.,1971, p. 689). Groups were then compared on the basis of the clinical records (87% interrater reliability). Few differences were found between the two groups. However, one dissimilarity was that children of alcoholics were significantly more likely to have had school problems, especially during adolescence. Again, the specific definition of school problems is left to the imagination.

A confound in this study is that the alcoholic families exhibited greater instability than control families, as evidenced by parental separation (the majority of children of alcoholics were living with only one parent), marital problems, and lower family income. This renders an interpretation of the results uncertain. The negative consequences for the group of children of alcoholics may indeed have to do with being raised in an alcoholic home, or they may have resulted from the higher incidence of family instability in the experimental group. Chafetz et al. (1971) also point out that the results of this study cannot be generalized beyond populations seeking treatment at child guidance centers (and at Massachusetts General). This problem of external validity is one that is found in the majority of studies of children of alcoholics in which the sample is selected from treatment centers.

Ellwood (1980) examined the effects of parental alcoholism on child behavior and development. The alcoholism group consisted of 260 parents who were in therapy at the Norfolk Navy Alcohol Rehabilitation Center (parental alcoholism was defined by being in treatment). The control group of 135 parents was selected by Ellwood (the ship's medical officer) from deployed Navy men known to have nonalcoholic drinking patterns and from nonalcoholic parents bringing their children to a pediatric clinic.

Groups were matched on sex, rank of father, and age distribution. Information on child development and additional family experiences was obtained by administering a 40-item questionnaire to both groups of parents. Children of alcoholics exhibited a significantly higher incidence of school problems. Again, the types of problems were not defined other than to say that the incidence of hyperkinesis and learning disabilities was not higher among the children of alcoholics.

Wilson and Orford (1980) conducted a preliminary study of 11 families with one parent in treatment for alcoholism. They obtained information through informal, unstructured interviews with the families. No control group was used. This study is mentioned only because results indicating school problems in children of alcoholics are consistent with the findings of other studies.

Marcus (1983) compared the child-rearing attitudes of 40 alcoholic mothers and 40 nonalcoholic mothers. Comparisons were also made of the subject's children on perception of characteristic maternal behavior, child's academic achievement, and school attendance. The mothers were matched on ethnicity, employment status, occupation, and socioeconomic class (middle-upper class). The children in both groups were equivalent on age, number of schools attended, school retention, and tutoring. Maternal alcoholism was determined by self-report and voluntary participation in either outpatient alcohol treatment or Alcoholics Anonymous. Each mother was interviewed and asked to complete the Mother-Child Information Questionnaire and the Maryland Parent Attitude Scale. The children were subsequently interviewed and administered the Child's Report of Parental Behavior Inventory and the Peabody Individual Achievement Test (PIAT).

Results showed no difference on school attendance between groups. However, on the PIAT the children of alcoholic mothers scored significantly lower than the control group on the Mathematics, Reading Recognition, and Reading Comprehension sub-tests

as well as on the Total Test score. This was a well-designed and well-implemented study.

Studies which have to some degree specified the nature of the school problem will now be examined.

Drop Out

The drop out rate prior to the completion of high school has been found to be high among children of alcoholics. A study done by Swiecicki (1969; cited in Jacob, Favorini, Meisel, and Anderson, 1978) compared 100 alcoholic families with 100 nonalcoholic controls for a ten year period. Families were matched for socioeconomic level and number of children. Compared with the control families, the children of alcoholics were less likely to have completed high school.

Robins, West, Ratcliff, and Herjanic (1978) studied 157 children, 51% of whom had an alcoholic father, 49% coming from nonalcoholic homes. Fathers from both groups were St. Louis born black men aged 31-36. Their method of sample selection was not specified and the groups were not matched on relevant variables (other than race and age of fathers). Parental alcoholism was determined by consensus diagnosis made by three psychiatrists. Information on the children was obtained from school records and police records, and was coded by persons blind to the father's alcoholism status. Statistical analysis of the results showed a significantly higher drop-out rate among the children of alcoholic fathers than the controls. In addition, truancy was reported significantly more often for the children of alcoholics.

Truancy

An additional study which indicates a higher truancy rate for children of alcoholics was done by Goodwin, Schulsinger, Knop, Mednik, and Guze (1977). In this study Goodwin et al. compared four groups: 1) 49 adopted daughters of alcoholics, 2) 81 nonadopted daughters of alcoholics, 3) Adopted daughters of

nonalcoholics, and 4) 37 nonadopted daughters of nonalcoholics. The adoptee sample was obtained from a pool of 5,483 nonfamily adoption cases in Copenhagen. The adoptee sample was reduced by three selection criteria: 1) Adopted in the first few weeks of life, 2) Adopted by nonrelatives, and 3) Living in Denmark at the time of the study. The nonadopted controls were selected from census records, and the nonadopted alcoholism group was randomly selected from hospital records of 573 alcoholic parents. Alcoholism was defined in terms of prior hospitalization with a diagnosis of alcoholism. The two adopted groups were age-matched. Nonadoptee matching was not addressed. Blind, structured interviews were conducted with the subjects and an analysis of the data was performed by researchers blind to the subjects' group placement. Study findings were numerous and will be discussed throughout the remainder of this paper. Relevant to this section, when compared with their previous experimental findings, sons of alcoholics had a significantly higher truancy rate than either daughters or controls.

This is quite an impressive study. However, at points it is difficult to sort out the effects of having an alcoholic parent from the effects of being adopted. This may only appear problematic in this study because control data are not reported at length (they state that it will be presented in a future publication).

Capable of Better Schoolwork

An additional school problem which has been addressed in the literature is that children of alcoholics have been told by teachers or a school guidance counselor that they were capable of better schoolwork (Hughes, 1977). Hughes compared three groups of children: 1) 25 children of alcoholic parents, 2) 25 children of nonalcoholic parents, and 3) 25 children of alcoholic parents who were members of Alateen. It is unclear as to how subjects were selected. Groups were matched on age, sex, grade level, and father's occupational level. The determination of parental alcoholism was not addressed. All subjects were between the ages of 12-19. Each subject completed The

Profile of Mood States and The Rosenberg Self-Esteem Scale. Hughes found that the children of nonalcoholic parents and the children of alcoholic parents who were members of Alateen did not differ significantly on any of the test results. The children of alcoholic parents who did not attend Alateen meetings were found to differ on a number of scales. These are fascinating results, suggesting that the supportive Alateen group experience provides remedial services to children of alcoholics. However, it must also be considered that those children who choose to attend Alateen meetings may already have more effective coping styles than those who do not attend Alateen. This is an important area for future research.

Suspended or Expelled

Miller and Jang (1977) conducted a twenty year longitudinal study of children from multi-problem urban families. Subject selection was not addressed other than to say that these were children of psychiatric patients, convicts, and welfare recipients. The experimental group consisted of 147 children with an alcoholic parent. The control group had 112 children with no alcoholic parent. Subjects were matched on age, sex, race, and social class. All subjects came from the same urban neighborhood in Oakland, California. Parental alcoholism was not defined. Each subject was interviewed twenty years after selection to determine level of adult functioning and were also asked to provide retrospective data on their childhoods. Two hour autobiographical interviews were held with each subject, and each was asked to complete a questionnaire designed to obtain the subjects' perceptions of their own lives. Parts or all of a number of psychological scales were administered, including the Minnesota Mulitphasic Personality Inventory (additional scales used were not specified).

Some of the findings of this study were that children of alcoholics were suspended and expelled from school more often than children with nonalcoholic parents. In addition, children of alcoholics were found to have received more school

counseling than controls for emotional and psychological problems, usually during high school years.

Longitudinal studies are certainly needed in order to determine the effects of parental alcoholism on the children. It is possible that children while still living in the home are more vulnerable to the negative effects of having alcoholic caretakers. However, once they reach adulthood and live independently do these problems continue or correct themselves? Miller and Jang's study provided a valuable opportunity to address this question. The main problem with this study is that their methods (especially the statistical methods applied) and findings were not presented clearly, and so it is difficult to ascertain whether or not they applied sound methodology upon which to base their findings. This is disappointing since they applied such effort in this longitudinal study. As such, results must be interpreted cautiously. The above mentioned studies have shown differences between children of alcoholics and children of nonalcoholics on a number of school variables. Studies in which school problems were not found to be greater for children of alcoholics than for children of nonalcoholics will now be examined.

No Differences on School Variables

Fine, Yudin, Holmes, and Heinemann (1976) conducted a well-designed study of behavioral disorders in children with alcoholic parents. Four groups were compared: 1) 24 children with alcoholic parents (group E), 2) 24 children with nonalcoholic parents. In these families one parent had been identified as having a psychiatric disorder (group C), 3) 218 normals (group N), and 4) 252 institutionalized disturbed children (group DOWB). All subjects were between the ages of 6-18, and were matched according to age, sex, race, socioeconomic status, and family size. The alcoholism and control groups were obtained from the patient population of community mental health centers. The DOWB group consisted of residents in four inpatient treatment centers.

Information was gathered in three ways: 1) Interviews with the mother, 2) Mothers were asked to complete the Devereux Child Rating Scale for children between the ages of 8-12, or the Devereux Adolescent Rating Scale for children over 12, and 3) School records. Alcoholism was defined by the parent being in alcohol treatment.

School records were examined for number of school absences (excused and unexcused), reading grade, arithmetic grade, behavior grade, and number of grades repeated. No significant differences were found between groups E and C on school records. However, it is important to note that Fine et al. point out that school records were frequently missing or incompletely documented. They state that "The information from school records was so unreliable, however, that no meaningful interpretation of the data could be made" (p. 516). As such, this study will not be given much weight as evidence for a lack of school problems in children of alcoholics. This study is addressed in detail here because of additional findings relevant to later sections of this paper. Other than the inadequate school records this was a well-designed and well-implemented study.

An additional area under the broad heading of school problems in which no differences were found in the majority of studies was on intellectual functioning. Based on interviews with adult children of alcoholics, Miller and Jang (1977) found no differences between the alcoholism and control groups on intellectual or cognitive skills in school. As Miller and Jang point out, however, while retrospective studies are valuable, they are difficult to validate since they are relying soley on the subjects' recall of past events. Unfortunately, no objective tests of level of intellectual ability or academic achievement were administered to the subjects during childhood.

Kern, Hassett, Collipp, Bridges, Solomon, and Condren (1981) compared 20 children of alcoholics with 20 children of nonalcoholics to determine differences on mental ability and locus of control. The alcoholism subjects were drawn from the Youth

Education Series on Alcoholism conducted by the Nassau County Department of Drug and Alcohol Addiction. The control group was obtained from the community. All subjects were volunteers between the ages of 8-13. Subjects were matched on ordinal position, religion, age, and sex, and all were residing in the same county. Parental alcoholism was determined by the parent attending an alcohol treatment program. Tests used were the Otis-Lennon Mental Abilities Test and the Nowicki-Strickland Locus of Control Scale for Children.

Results indicate no significant differences in mental ability for females. However, male children of alcoholics scored significantly lower ($X = 102.7$) than male children in the control group ($X = 121.6$; $F = 8.45$; $p < .009$). This was a well-designed study. The use of objective, standardized measurement instruments makes interpretation of the results clear and straightforward.

In 1984 Tarter, Hegedus, Goldstein, Shelly, and Alterman compared 16 adolescent sons of alcoholics and 25 adolescent sons of nonalcoholics on a battery of intellectual, neuropsychological, personality, and behavioral measures. Subjects were selected from a pool of 101 adolescents referred by the juvenile court to the Western Psychiatric Institute and Clinic for a complete neuropsychiatric assessment. The mean age of all subjects was 16, and matching was done on age and education. Parental alcoholism was defined by a Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) diagnosis based on reports from the subjects, a psychiatric evaluation or social worker, and when possible from the mother. Seven tests were administered to each subject, most being objective, standardized instruments with good validity and reliability.

Comparisons on the Wechsler Intelligence Scale for Children - Revised (WISC-R) or the Wechsler Adult Intelligence Scale (WAIS) (depending on subject age) test variables did not reveal any significant differences on level of intellectual ability.

However, subjects with paternal alcoholism performed significantly more poorly on tests measuring attention, memory, perceptual-motor coordination, motor speed, spatial sequencing, language capacity, and reading comprehension.

With the use of seven tests, most of which were standardized instruments and administered directly to each subject, this study could have provided us with valuable information not filled with the ambiguity of subjective measurement devices or parental reports. The authors have gone to great lengths to make this a clean and concise study, and yet a confound is introduced which makes an interpretation of the results difficult. More of the children with an alcoholic father had a mother in psychiatric treatment, had a higher parental divorce rate, had been abused by the father, had obtained a traumatic head injury during childhood, and had perinatal complications.

An examination of the thirteen studies addressed above evidences numerous methodological problems. Some of these problems are minor. However, some studies contain such severe problems that they will not be weighted heavily. For the reasons mentioned previously, the following studies will not be considered as providing conclusive evidence for or against school problems in children of alcoholics: Cork (1969), Chafetz et al. (1971), Wilson and Orford (1980), Fine et al. (1976), and Tarter et al. (1984).

Of the remaining studies which are considered to be generally sound methodologically, some conclusions can be drawn with a degree of certainty. There is evidence that children of alcoholics are at risk for developing general school problems (Ellwood, 1980; Robins et al., 1980; Hughes, 1977; Miller and Jang, 1977; and Haberman, 1966). Specific types of school problems which are supported by the literature are a high truancy rate (Robins et al., 1980; and Goodwin et al., 1977) and a high drop out rate prior to completion of high school (Robins et al., 1980; and Swiecicki, 1969). Miller and Jang (1977) found that children of alcoholics were more

often suspended or expelled from school than controls. In addition, these researchers found no difference on level of intellectual ability between children of alcoholics and controls. However, Kern et al. (1981) found that male children of alcoholics scored significantly lower than male children in the control group on measures of mental ability. With these contradictory findings this issue needs to be tested out further.

Substance Abuse

The problem of alcohol and/or drug abuse among adolescent or adult children of alcoholics is widely recognized in the literature. Alcoholism appears to be a salient feature of the backgrounds of many people who later become substance abusers. Studies vary considerably in the estimated percentages of children of alcoholics who have become substance abusers. There are a number of studies which indicate that children of alcoholics are at risk for developing drinking problems.

In a study by Goodwin et al. (1973) children were selected for study from a pool of 5,483 Danish nonfamily adoptees. Three groups were compared: 1) 55 males who had been separated from their biological parents during the first six weeks of life and who had one parent with a hospital diagnosis of alcoholism, 2) 28 subjects with parental psychiatric hospitalization for reasons other than alcoholism, and 3) 50 subjects with no parental alcoholism or psychiatric hospitalization. Subjects were matched on age, sex, and time of adoption. Examinations of the three groups were blind. According to the criteria used by Goodwin et al. the alcoholism rate among the experimental group was almost four times that of the control groups.

Goodwin et al. (1974) conducted a subsequent study using the same adoptee sample focusing on sons of alcoholics who had brothers (both full and half-siblings) raised by their alcoholic biological parent. Experimental and control subjects were interviewed by an examiner blind to subject group membership. Both adopted and nonadopted sons had high rates of alcoholism (25% and 17% respectively) but did not

differ significantly from the controls. A general trend which emerged was that the severity of parental alcoholism, as measured by number of hospitalizations, rather than length of exposure to the alcoholic parent was positively related to alcoholism in the offspring.

An additional study by Goodwin et al. (1977) examined the effects of parental alcoholism on daughters. With regard to the alcoholism rate amoung subjects no significant difference was found between the adopted daughters of alcoholics, the nonadopted daughters of alcoholics, the adopted daughters of nonalcoholics, and the nonadopted daughters of nonalcoholics. When study results were compared with those of his previous studies on sons, the alcoholism rate among sons was found to be higher than in daughters.

Other studies which found an increased morbidity risk for alcoholism in adolescence or adulthood for children of alcoholic parents were Ellwood (1980), Miller and Jang (1977), Winokur et al. (1970), Lidberg (1970; cited in El-Guebaly and Offord, 1977), and MacKay (1963).

Three studies (Rouse et al., 1973; McLachlan et al., 1973; Barnes et al., 1979) found no differences between children of alcoholics and children of nonalcoholics on substance abuse. However, all three studies consisted of children under twenty years of age, and as mentioned by Barnes et al., the children may not yet have developed patterns of excessive drinking.

Social Difficulties

A number of studies indicate that children raised in alcoholic families are subject to social difficulties. Kammeier (1971) compared 65 adolescents with alcoholic parents and 306 adolescents with nonalcoholic parents. All subjects were students enrolled in a Catholic high school who had completed an alcohol education and counseling program. The parent was considered an alcoholic if she or he had experienced economic, legal,

health, psychological, social, or spiritual problems stemming from the use of alcohol. Parental alcoholism was determined by two school counselors. Four objective tests were administered to each subject.

Among 9th and 10th grade girls significant differences occurred between the alcoholism and control groups, with the daughters of an alcoholic parent exhibiting more distress on the emotional stability, family relationships, social relationships, conformity, mood, and leadership scales.

This was a well-designed and well-implemented study. What stands out in this study is that the subjects were selected from a nontreatment group. Most studies on children of alcoholics draw their subjects from a psychiatric facility in which either the parent or the child are in treatment. Studies of nonclinical alcoholic families may yield different results than those of alcoholic families in treatment. Kammeier's study evidences this. Other than the above mentioned finding and one other, there was a lack of differences between groups. Kammeier considers this lack of differences on most scales to be the most significant finding.

Additional studies seem to indicate that children of alcoholics experience more social difficulties than children of nonalcoholics. (Most of these studies were described earlier, and so will only be mentioned here). Haberman (1966) found a high indicence of fighting with peers and temper tantrums among children of alcoholics as compared with controls. Weir (1970) found that children of alcoholic parents had fewer peer relationships than their peers from nonalcoholic homes. Goodwin et al. (1977) found that significantly more of the nonadopted women with an alcoholic parent reported having few or no friends as compared with nonadopted daughters of nonalcoholics (51% vs 22%; $p < .01$). In addition, in comparing the adopted daughters of alcoholics with adopted daughters of nonalcoholics, significantly more of the former group reported having few or no friends as children (22% vs 6%; $p < .05$). Goodwin and

associates also found that the adopted children of an alcoholic biological parent were better adjusted in terms of being more outgoing and confident as children than the nonadopted children of an alcoholic parent. Finally, results indicated that the nonadopted children of alcoholics viewed themselves as more shy and less resilient as adults than the adopted children with a biological alcoholic parent.

In the study by Miller and Jang (1977) children of alcoholic parents were found to have greater socialization difficulties than children of nonalcoholic parents. Hughes (1977) found that children of alcoholics evidenced poor social adjustment either at school or with the law. Wilson and Orford (1980) found that children of alcoholics experienced difficulties in friendships and were socially isolated. Children in their study reported that they felt a lack of reciprocal friendships, felt embarrassed or ashamed by their alcoholic parent when they were with friends, and tried to keep the drinking a secret. Wilson and Orford state that the amount of social isolation seemed related to the amount and nature of family disruption and to the child's awareness of social stigma. They found the most common coping strategy among these children to be emotional and physical withdrawal or avoidance.

With the exception of the study by Wilson and Orford (1980), all of the above mentioned studies were generally well-designed and well-implemented. As such, results provide evidence that children of alcoholics may be at high risk for experiencing difficulties in social relationships.

Depression

Nylander (1960; cited in Jacob et al., 1978) compared 229 children of alcoholic fathers with a control group of 163 children matched for age, sex, and father's occupation. All children were between the ages of 4-12 and were evaluated based on direct observation, mother's reports, and teacher's judgments. Findings indicated that

emotional disturbance was significantly more prevalent in the children of alcoholics, especially depression.

One methodological problem with this study is that interviewing and testing of children was not blind. A confound is that 32% of the mothers in the alcoholism group versus 10% of the control mothers were considered "worn-out" or "emotionally disturbed." This also casts some doubt on the mothers' reliability as informants.

Winokur et al. (1970) studied the sons and daughters of 259 alcoholics, focusing on alcoholism, affective disorders, and sociopathy. They found that daughters had a higher incidence of affective disorders, especially when the alcoholic parent was the mother.

Rouse, Waller, and Ewing (1973) interviewed 186 randomly selected adolescents (stratified by race) who were between the ages of 12-15 and still living at home. Based on information obtained from the children and their fathers the fathers were classified as heavy drinkers, moderate drinkers, or abstainers. Children were administered the Health Opinions Survey and the Coping Activities List. A comparison of the three groups indicated significantly higher rates of depression in children of heavy drinkers than in those of moderate drinkers or abstainers.

This study appears to be methodologically sound. A large sample was randomly selected from a large population, the terms used were all operationally defined, and control was exercised over dependent variables. One potential problem exists because Rouse et al. neglected to mention validity and reliability figures on the instruments employed.

Moos and Billings (1982) conducted an interesting study comparing 28 children of recovered alcoholics, 23 children of relapsed alcoholics, and 59 children of nonalcoholics. The alcoholism groups were drawn from a large sample of persons who were treated for alcoholism at one of five residential facilities. A sociodemographically

matched control family from the same census tract was identified for each treated family. Specific matching factors were family size and age, ethnicity, education, and religion of the partners. Two questionnaires were completed by each parent for the purpose of examining the parent's level of functioning; the Health and Daily Living Form and the Family Environment Scale. In addition, the mother responded to yes/no questions regarding the children's functioning.

Findings indicated that the children of relapsed alcoholics were more depressed. There was only one significant difference between children of recovered alcoholics and children of controls; children of recovered alcoholics were reportedly less depressed.

This was a good study except for the fact that the child's level of functioning was determined soley by the mother's responses to only five questions about her child's emotional health. Five questions hardly seems like an adequate method of assessing the child's level of functioning. As such, this study will not be weighted heavily as evidence for depression in children of alcoholics.

In 1977, Goodwin et al. found no significant differences between adopted and nonadopted daughters of biological alcoholic parents with regard to depression. However, daughters of alcoholics raised by their alcoholic parents had a history of depression significantly more often than did nonadopted census controls (27% vs 7%; $p < .02$).

While these and many other studies support the notion that children of alcoholics are more likely to suffer from depression than children of nonalcoholic parents, there are two additional studies worth mentioning that have not found a high level of depression in children of alcoholics. Goodwin et al. (1973) found no significant differences between the alcoholism groups and controls on measures of depression. Barnes, Benson, and Wilsnack (1979) compared 129 women with alcoholic fathers and 163 women with nonalcoholic fathers. The sample was drawn from college women in

undergraduate psychology courses. The mean age of subjects was 19, and matching was done on age, year in school, and ethnicity. Father's alcoholism was determined by the daughter's responses to the Michigan Screening Test, which was adapted for application to the father's drinking behavior. Additional tests were a questionnaire designed to assess the daughter's drinking behavior, the Depression Adjective Check List, and other tests used to assess sex role characteristics, sexual attitudes and behaviors, and perceptions of self and parents. Investigators were blind to the subjects' status.

Barnes et al. (1979) found no difference between groups on measures of depression. The authors state that there may be two reasons for this lack of significant differences. First, the sample may be too young to have developed certain problems such as depression. Second, the use of a college sample may limit generalizeability because the lowest socioeconomic levels are underrepresented and those daughters of alcoholics who have entered college may already have succeeded to some extent in overcoming the effects of paternal alcoholism.

With regard to depression in children of alcoholics the study results are contradictory. Three studies conducted by Winokur et al. (1970), Rouse et al. (1973), and Goodwin et al. (1977) are all methodologically sound and provide evidence which supports that children of alcoholics are at high risk for depression. While the studies by Nylander (1960) and Moos and Billings (1982) also support this finding, they are fraught with methodological problems and so are not weighted heavily as additional evidence. On the other hand, two excellent studies by Goodwin et al. (1973) and Barnes et al. (1979) found no significant difference between experimental and control groups on measures of depression.

It is clear that this area requires further investigation. It may be that specific familial factors in conjuction with parental alcoholism render the child more susceptible to depression than simply alcoholism alone.

Hyperactivity

Morrison and Stewart (1971) first identified a possible relationship between parental alcoholism and hyperactivity in children. They interviewed the parents of 59 hyperactive children and 41 control children and found that 25% of the parents of the hyperactive children were alcoholics (20% fathers; 5% mothers) compared with 10% of the control parents (all fathers).

Cantwell (1972) psychiatrically examined the parents of 50 hyperactive children and 50 control children. They found a higher prevalence of alcoholism in the parents of the hyperactive children.

In comparing children of alcoholics with normal children, Fine and associates (1976) found that the alcoholism group was significanly differentiated from normals on the hyperactive-expansive scale (2.80; $p < .01$).

Goodwin et al. (1977) found that sons of alcoholics differed from controls in reporting increased rates of childhood hyperactivity. This did not occur with the daughters. Given the retrospective nature of the information, these findings should be interpreted cautiously.

Lund and Landesman-Dwyer (1978) examined the role of parental alcoholism with predelinquent and disturbed adolescents. Subjects studied included the entire statewide population of adolescents (age 13-18) who had been placed in state-subsidized residential facilities for predelinquent and disturbed children. Of the 1,013 subjects studied, 29.1% had lived with an alcoholic parent. Parental alcoholism was defined as "report of record of excessive drinking by one or both parents while the child was in that living situation or an explicit reference in the records to parental alcoholism per se"

(p. 340). The Devereux Adolescent Behavior Rating Scale was completed by a group home staff member who had close knowledge of each subject's daily living habits.

Using a two-tailed t-test, the hyperactive-expansive scale differentiated between male offspring of alcoholics and nonalcoholics. No significant differences were found between female children in the two groups. This seems to be a well-designed and well-implemented study. The main limitation, as pointed out by Lund and Landesman-Dwyer, is that "evaluation of parental alcoholism was based on caseworker judgment at the time the child was admitted for residential care, rather than on systematic, commonly applied criteria" (p. 345).

In two studies conducted by Ellwood (1980), and Tarter et al. (1984) no significant differences were found between children of alcoholics and children of nonalcoholics on scales measuring hyperactivity.

The studies conducted by Morrison and Stewart (1971), Cantwell (1972), Fine et al. (1976), Goodwin et al. (1977), and Lund and Landesman-Dwyer (1978) were all methodologically sound and provide empirical support that children of alcoholics are at high risk for hyperactivity. Of the two studies which had contradictory results, the study by Tarter et al. (1984), as mentioned earlier, is problematic and so will not be weighted heavily. Ellwood's (1980) study is well-designed and well-implemented. Most studies support a connection between parental alcoholism and child hyperactivity, with the exception of Ellwood's.

Aggression

McCord and McCord (1965) found children of alcoholics to be more uncontrollably aggressive and more sadistically oriented than the control group. However, it is difficult to ascertain whether this study was methodologically sound. Obuchowska (1974) studied 50 children with an alcoholic father and 12 children with both alcoholic parents to determine if emotional contact with mother would serve as a

compensatory factor for children of alcoholics. The method of subject selection is not specified. Children were matched on three factors: 1) Born in 1962-1963, 2) Had attended at least four elementary school grades, and 3) Similar intelligence. The basic method employed was the picture-projection test, similar to the Thematic Apperception Test (TAT), consisting of six pictures. Answers were evaluated according to verbalized need. In addition, interviews were conducted with each child and with the school master.

Findings indicated that children of alcoholic fathers who find emotional satisfaction with the mother exhibited positive social behavior and seemed to compensate for problems at home by seeking affiliation and achievement at school. The children of alcoholic fathers who did not find emotional satisfaction with the mother exhibited the same sets of needs as children having both alcoholic parents, characterized by aggression and resignation.

Determining whether emotional contact with the mother serves as a compensatory factor for children of alcoholic fathers is an important area of investigation. This might help us to understand one of the factors which helps children of alcoholics to cope effectively. It is unfortunate that Obuchowska omitted some important information necessary in order to critically evaluate her study. The author did not specify her method of subject selection, how test results were interpreted and by whom (which is important to know when using projective instruments), how parental alcoholism was defined, or how "satisfactory emotional contact" with the mother was determined. In addition, the sample size of the children with two alcoholic parents was small. With the lack of so much important information this study will not be weighted heavily as evidence for aggression in children of alcoholics.

In comparing children of alcoholics with children of nonalcoholics but whose parents had a psychiatric disorder, Fine et al. (1976) found that the children of

alcoholics rated significantly higher on the social aggression scale of the Devereux Child Behavior Rating Scale than controls (2.26; $p < .05$). In an additional comparison between children of alcoholics and normal children, the alcoholism group again scored significantly higher on the social aggression scale than did normals (6.04; $p < .01$).

McKenna and Pickins (1983) studied personality characteristics of adult alcoholic children of alcoholics. The subjects were 1,929 patients (518 women) admitted to a treatment center for substance misuse in 1974 and 1975. Subjects were categorized according to reported drinking status of their parents: neither an alcoholic, only the father an alcoholic, only the mother an alcoholic, or both alcoholics. Parental alcoholism was determined soley by subject report. Personality measures included the Minnesota Multiphasic Personality Inventory (MMPI), the Harris-Lingoes subscales, the Wiggins content scales, and seven MMPI addiction scales. The mean age of all subjects was 40–41.

As a measure of aggression McKenna and Pickens used the system devised by Huesmann, Lefkowitz, and Eron (1978) which consists of a composite score of MMPI scales F, 4, and 9. They found that men with two alcoholic parents tended to be more aggressive (210.4) than did men with one (203.3) or no (195.0) alcoholic parents. Women with two alcoholic parents were similarly more aggressive (207.0) than women with one (200.9) or no (194.3) alcoholic parents.

The main problem with this study is in the sole reliance on subject report of parental alcoholism. As McKenna and Pickins point out, alcoholic children of alcoholics may tend to either overestimate or underestimate the severity of parental alcohol problems. An additional problem is that a statistical analysis was not done on the differences between groups, so it is not possible to draw any conclusions. As such, findings will not be considered as providing evidence for aggression in children of alcoholics.

Of the four studies examined above, only the one by Fine et al. (1976) is clearly methodologically sound. One study does not provide sufficient evidence of aggression in children of alcoholics.

Self-Esteem

McLachlan, Walderman, and Thomas (1973) compared 54 children of alcoholics and 54 children of nonalcoholics. Subjects were matched on sex, age, education, and father's occupation. Each child was interviewed and tested with the Wolfgang Social Distance Measure, the McLachlan Social Competence Scale, and the MMPI. Findings indicated that children of alcoholics had significantly lower self-esteem than did the controls. This was a well done, comprehensive study.

O'Gorman (1975) compared three groups of adolescents: 1) 29 children of alcoholics, 2) 23 children or recovering alcoholics, and 3) 27 children of nonalcoholics. The first two groups were obtained from children who attended Alateen meetings. The control was drawn from a Catholic parochial school. Each child completed the Piers-Harris Children's Self-Concept Scale, the Roe and Siegelman Parent-Child Relations Questionnaire, and the Nowicki and Strickland Personal Reaction Survey for Children. Compared with controls, children of unrecovered alcoholics rated significantly lower on self-esteem. Children or recovering alcoholics were more similar to controls.

Hughes (1977) and Goodwin et al. (1977) also found children of alcoholics to rate significantly lower on self-esteem than children of nonalcoholics.

All of these four studies were well done and results can be considered as evidence that children of alcoholics are at risk for low self-esteem.

External Locus of Control

In the study referred to above, O'Gorman (1975) also found that children of unrecovered alcoholics rated significantly higher on external locus of control than did

controls. Children of recovering alcoholics had a lower external locus of control than did children of unrecovered alcoholics. Kern et al. (1981) similarly found that children of alcoholics had a higher external locus of control.

Prewett, Spence, and Chaknis (1981) compared 15 children of alcoholic parents and 15 children of nonalcoholic parents. The alcoholism sample was obtained from alcohol treatment centers attended by parents. Controls were recruited from local church and social groups. Subjects were matched according to socioeconomic status. All children were between the ages of 7-12. Subjects completed the Children's Nowicki and Strickland Internal-External Control Scale. Results indicate that children of alcoholics make significantly more external attributions than children of nonalcoholics.

Each of these three studies were well done and results can be considered as evidence that children of alcoholics tend to make more external attributions than children of nonalcoholics. Prewett et al. (1981) suggest two possible reasons why children of alcoholics may have a higher external locus of control. First, the children "may not be exposed to many of the normal socializing experiences necessary to develop those competencies required to interact effectively with their environment" (p. 370). Thus they may lack the requisite skills needed to exert control over their environment. The second factor has to do with a process which Seligman (1975) has termed "response independence" or "learned helplessness." This is "a situation where an individual has learned that the consequences he receives in life are unrelated to his behavior. In other words, the individual's actions do not affect the outcomes he receives" (Prewett et al., p. 370). Since the behavior of many alcoholics is unpredictable, the child may receive markedly different responses from the alcoholic parent for the same behavior. These inconsistencies can lead a child to feel that he does not have control, because in life with his alcoholic parent he often does not have control.

Dependency

Aronson and Gilbert (1962) compared 41 preadolescent sons of male alcoholics and 123 preadolescent sons of nonalcoholic fathers (all between the ages of 7-13). The method of subject selection for the alcoholism group was unclear. In each classroom, the three caucasian boys closest in age to the experimental subject were selected as controls. Apart from the fact that all subjects attended the same school, there was no matching for socioeconomic class or other factors. The father was considered to be an alcoholic if his drinking resulted in injury to his health or to his social or economic functioning. A 36-item questionnaire was completed by each teacher, who was blind to the children's status. The experimental subjects were more often described by teachers as dependent and as evading unpleasantness.

The problems which arise when attempting to evaluate this study are that reliability figures for the instrument used and exact sampling procedures for the alcoholism group were not reported. In addition, as Aronson and Gilbert point out, teacher's judgments have not been found to correlate highly with those of trained mental health workers. As a result of these difficulties, doubt is cast as to the validity of the findings.

Fine et al. (1976) found that children of alcoholics between the ages of 8-12 had an inadequate need for independence as compared to the control group of children with nonalcoholic parents (parents diagnosed as having a psychiatric disorder) and a group of normal children. Adolescent children of alcoholics were not found to be significantly different than controls or normals on the dependency, need for approval scale.

Lund and Landesman-Dwyer (1978) found a significant difference between adolescent children of alcoholics and adolescent children of nonalcoholics on the need for approval dependency scale. A high score on this scale is obtained when a child is

considered to excessively seek out adult support and approval or some type of dependent relationship.

In evaluating this area, the study by Aronson and Gilbert (1962) will not be weighted heavily because of the inherent problems addressed above. The findings of Fine et al. (1976) and Lund and Landesman-Dwyer (1978) are contradictory with regard to adolescent children of alcoholics. Fine et al. found no difference on the measure of dependency between alcoholism and control groups, while Lund and Landesman-Dwyer found that adolescent children of alcoholics scored higher on the dependency scale. Results of the study by Fine et al. also suggest that children of alcoholics between the ages of 8-12 evidence higher dependency. Obviously, this area requires further investigation before conclusions can be drawn.

Legal Problems

Three studies, all of which have been explained in detail earlier in this paper, have found a high incidence of legal problems among children of alcoholics. Hughes (1977) and Chafetz et al. (1971) found that adolescent children of alcoholics had more problems with the police or the courts than children of nonalcoholics. Miller and Jang (1977) found that children of alcoholics received more attention for social and legal services during childhood than children of nonalcoholics.

As mentioned earlier, the Chafetz et al. (1971) study is not methodologically sound. However, the studies by Hughes (1977) and Miller and Jang (1977) seem to support that children of alcoholics may be at risk for developing legal problems.

Additional Problems of Children of Alcoholics

Additional problems of children of alcoholics have been found in the empirical literature, but with less frequency than those mentioned above. These will be mentioned briefly. These findings include emotional detachment or withdrawal (Fine et al., 1976; Wilson and Oxford, 1980); inadequate emotional control (Fine et al., 1976; Lund and

Landesman-Dwyer, 1978 - in male children only); familial discord as adults (Miller and Jang, 1977; McKenna and Pickens, 1983); psychological treatment or concerns (Goodwin et al., 1977; Miller and Jang, 1977); and excessive self-blame (Aronson and Gilbert, 1962; Fine et al., 1976). Further research in these areas is needed to either confirm or disconfirm these initial findings.

This paper has been an attempt to provide an extensive review of the empirical literature to date of children of alcoholics. In this investigation seven of the above mentioned problem areas have emerged as potential difficulties for children of alcoholics. These are school problems, substance abuse in adolescence or adulthood, social difficulties, hyperactivity, low self-esteem, external locus of control, and legal problems. Now that these "answers" have been found, a number of additional questions arise. 1) How generalizable are these study findings? 2) Does the empirical research indicate that the alcoholic family system is a unique form of systemic dysfunction or is it equivalent to other pathological families? 3) According to clinicians who have worked extensively with alcoholic families, what are some of the dynamics within the alcoholic family system and how do they relate to the problem behaviors seen in the children? In the remainder of this paper these questions will be addressed.

Tentative Explanations

Generalizability

Heller, Sher, and Benson (1982) have provided us with an excellent critical analysis of the studies on children of alcoholics. An extensive review of the empirical literature would not be complete without raising some of the questions addressed by these authors. It has been seen that many of the studies on children of alcoholics contain numerous methodological problems, such as methods of subject selection, indadequate assessment instruments, non-operationalized terms, and confounds, to name just a few.

One of the problems identified by Heller et al. (1982) that may lead to risk overprediction (or underprediction) in the studies on children of alcoholics is that samples are often obtained from treatment groups. In the majority of cases subjects are identified for study because either the child or their parent(s) are in treatment. Generalizability of study results is severely limited when data is obtained exclusively from clinical samples because the alcoholic who seeks treatment may differ from those who do not. Entering treatment may be a function of the severity of parental drinking. On the other hand, the alcoholic who seeks treatment may have resources which enable him or her to take steps toward recovery which are not available to the nonclinical alcoholic. Another possibility is that the concomitants of the parental alcoholism, such as psychological disorder or employment difficulties, may differentiate the clinical alcoholic from the nonclinical alcoholic.

It is currently not known whether the clinical alcoholic is representative of the alcoholic population in general. However, one study mentioned earlier suggests a difference. Kammeier's (1971) sample was obtained from students enrolled in a Catholic high school. Neither the parents nor the children had been in treatment as a result of the parental alcohol problem. Results of this study of a nonclinical sample found few differences between the problem group and nonproblem group. This lack of differences suggests that the nonclinical alcoholic may differ significantly from the clinical alcoholic. However, Kammeier states that caution must be used in attempting to generalize these results. According to Kammeier, "Differences may have been minimized by the conservative methods used to identify families with alcohol problems. It is highly probable that the total nonproblem group contained some families better able to conceal alcohol problems" (p. 369). She also states that it is possible that "peer-group pressure to conform during the 'teens temporarily masks other personality problems already well developed during the preadolescent years" (pp. 369-370). This

may be evidenced in the greater distress of the younger 9th and 10th grade girls which was not seen in the 11th and 12th graders.

It is notable that in this study 92% of the parents with identifiable alcohol problems had intact marriages. In most studies of clinical alcoholics the rate of divorce or separation is significantly greater. According to Kammeier,

> This discrepancy suggests that the small degree of difference between children in the families with and without identifiable alcohol problems in the present study might have been due to the strength of certain family factors still operating in the problem group. Possibly the integrity of the family unit, even if it were quarrelsome and violent and unpredictable, exerted a stabilizing influence and provided a modicum of security for family members. (p. 370)

This integrity of the family unit may be one of the factors which differentiates between the clinical and nonclinical alcoholic. This also raises the question as to which family factors within the alcoholic family may serve to protect the children from the potential detrimental effects of parental alcoholism. Additional research needs to be done with nontreatment samples in an attempt to ferret out these questions and to determine whether offspring are affected differently.

The Alcoholic Family System: Empirical Findings

Is the alcoholic family system a unique form of systemic dysfunction or is it equivalent to other pathological families? This is an area which requires further investigation in the research. The only study which compares children of alcoholic parents with children of nonalcoholic parents with a psychiatric disorder is Fine et al. (1976). Results on the Devereux Child Behavior Rating Scale for children between the ages of 8-12 indicated that the children of alcoholic parents (group E) exhibited more pathological use of senses, emotional detachment, inadequate need for independence, and social aggression than did the children of parents with a psychiatric disorder (group

C). When both groups were compared with a sample of normal children (children whose parents were neither alcoholics nor psychiatrically disturbed) group E exhibited greater pathology than normals on 12 of 17 scales while group C evidenced greater pathology than normals on only 7 of the 17 scales. Fine et al. found a heirarchy of disturbed behavior with the normal children manifesting the least pathology, followed by group C, and then group E.

Results on the Devereux Adolescent Behavior Rating Scale for adolescents between the ages of 13-18 found group E more disturbed than group C on only 2 scales, unethical behavior and paranoid thinking. When compared with normal adolescents, group E received significantly higher scores on unethical behavior, domineering-sadistic, hyperactive-expansive, poor emotional control, schizoid withdrawal, inability to delay, and anxious self-blame. Group C differed significantly from normals on only one scale, emotional distance.

Since this is the only study of its kind results must be tested out through additional research. In Fine et al's. (1976) study the mother was the respondent in all cases. It would be advantageous in future studies to administer standardized assessment instruments directly to the children in order to avoid concerns about the mother's reliability as an informant. At present, there is no conclusive empirical evidence that alcoholism is a unique form of family dysfunction which leads to specific types of symptomatic behavior in the children.

The Alcoholic Family System: Clinical Findings

In recent years clinicans have begun to explore the alcoholic family system in an attempt to understand the dynamics which relate to problems in the children. In this section these alcoholic family dynamics will be addressed.

Life in an alcoholic family is characteristically inconsistent, unpredictable, arbitrary, and chaotic (Black, 1981; Gravitz, 1985; Woititz, 1983). The focus of the

family is on the alcoholism, and the children are often ignored or neglected, disciplined inconsistently, scapegoated, and given few concrete limits and guidelines for behavior (Hindman, 1976). The family often isolates themselves from other members of the community because they are ashamed of the presence of alcoholism in their family. Children are often fearful of bringing friends into the home because the alcoholic parent might embarrass them and also in order to protect the family secret. This leaves the children with little opportunity to engage in social activities which would help him or her to develop satisfying interpersonal relationships and to learn the social norms. He or she spends a significant amount of time with a family in which dysfunctional social behaviors and relationships are modelled. This discrepancy between the family and the outside world can be confusing for the child. It may feel to the child that a choice must be made between loyalty to the family or loyalty to extra-familial relationships. Very few young children will choose to disengage from the family regardless of how disturbed their family may be. Later when the child attempts to establish relationships he or she may find it difficult because of his lack of experience and because children from nonalcoholic families are seen as different.

Children raised in an alcoholic home often grow up to marry someone who is a substance abuser. In doing so they find an interpersonal situation which is similar to the one they have known. Also, the child who was unsuccessful in his or her attempts to "cure" the alcoholic parent may unconsciously be setting up a repetition of their original failure experience in hopes of succeeding this time. This attempt to repeat negative situations for purposes of reparation is commonly found in pathological instances other than alcoholism.

Characteristic to the alcoholic family is something called co-dependency (Cermak, 1985; Wegscheider-Cruse, 1985). When two people become co-dependent each gives the other power over their own sense of self-worth or self-esteem. In this

type of relationship when the other person fails to live up to one's expectations one suffers a loss of self-esteem. Co-dependents live according to a set of unspoken rules which validate and legitimize the belief that their sense of self-worth stems from the behavior of those close to them. The only way to feel good about themselves is to direct their energy toward making the others happy. They try to control other people's lives in an attempt to make their own lives more secure. In the process, they give others a great deal of power over their own lives. This type of situation permits two people who are unable to feel good within themselves to capture a sense of self-acceptance through their connection to each other. The cost is tremendous.

A sense of self-worth is built through the acts of making choices based on one's own needs and feelings. Co-dependents often make their choices on the basis of what they perceive to be someone else's needs. When their own self-esteem is based on making the alcoholic parent happy they are rarely successful, and are left with a feeling of disappointment and failure. The co-dependency which characterizes the alcoholic family's relational style provides little opportunity for the child to develop a sense of personal self-worth and self-esteem.

Clinicians (Cermak, 1985) who specialize in work with children of alcoholics have likened the experience of growing up in an alcoholic home to the difficulties experienced by war veterans. They have found that the symptoms of Post Traumatic Stress Disorder (PTSD) experienced by some veterans are similar to the characteristic symptoms of adult children of alcoholics. PTSD occurs when people are subject to intense stressors which clearly lie outside the range of normal human experience, when the stress is caused by a series of traumatic events, and when it is of human origin.

Early childhood development within an alcoholic family system constitutes stressors on the child which are clearly outside the range of human experience usually considered to be normal. Alcoholic families generate a daily environment characterized

by inconsistency, chaos, fear, abandonment, denial, symbolic or actual death, and potential or real violence. Such a prolonged series of stressors, clearly of human origin, would be expected to evoke significant symptoms of distress in most individuals. When a person, whether child or adult, is under such extreme and prolonged stress, much of his or her energy is absorbed in an attempt to in some way adapt to this stressful situation.

In most functional families each member is able to experience and express their feelings clearly. Emotions are accepted and attended to by the others in an understanding and supportive manner. Each family member can freely ask for attention and give attention to others. In alcoholic families emotions are often repressed and distorted or expressed in an angry, judgmental fashion. Denial is paramount, with the alcoholic and co-alcoholic pretending that things are different than they really are.

This lack of emotional interaction is severly disruptive for the family. A family is held together by emotional investment, care, and support. In an alcoholic family these feelings are not expressed because each member has learned to cut off his or her emotions. In working with alcoholic families one often discovers that everyone in the family is afraid that the others will find out how they really feel.

In her work with adult children of alcoholics, Black (1981) discovered that most of these adults as children did not fit the stereotype of the problem child that she had expected to see. These adults were not necessarily the children with school or legal problems or who exhibited social difficulties or low self-esteem. To the contrary, the majority of these people indicated that as children they worked strenuously to appear "normal" and as though they were from a typical American family. While a substantial number of children of alcoholics act out their family problems and exhibit the symptoms addressed in the empirical literature, Black found that most of these children had strong tendencies to try to look good and did not draw special attention to themselves.

While working with young children of alcoholics Black found that they tended to adopt one of four family roles: the responsible one, the adjuster, the placater, or the acting out child. The responsible child is usually the oldest or only child. This child assumes responsibility for him or herself, for other family members, and for household chores. They are admired for their maturity and act like little adults. This child seldom misbehaves, but rather becomes highly successful in the tasks he or she undertakes. With the inconsistency and lack of structure in the home this child finds ways to provide it for themself. The parents typically take great pride in the child's adultlike behavior. This child becomes a symbol to them and to others that this is a healthy and happy family. These are not the types of children who exhibit problematic behavior. Most adults perceive these children as mature and dependable.

The adjuster tends to deal with the chaotic family situation by following directions and adjusting to the circumstances. This child does not attempt to prevent or alleviate any situation. They simply handle it. This is the child who appears most detached from the family and of whom the parents take little notice. At school this child is as nondescript as he or she is at home. Their academic achievement tends to be average and consequently they draw neither negative nor positive attention to themselves. This is the type of child who does not greatly impact or impress the teachers in any way. In social situations the adjuster associates with other children, but does not assume any leadership roles. They tend to remain somewhat detached and on the fringes of social circles.

The placater is the family comforter. This child often attempts to make others in the home feel better, as though he or she is responsible for the family's pain. This child becomes adept at listening and demonstrating empathy. The parents are usually proud of this child because he or she seems to know how to share and does not appear to be selfish. To others this child seems to be warm, caring, nonproblematic, and sensitive.

These children are often well liked because of their empathic focus on others. This focus on others allows the child to feel safe because they never have to risk self-disclosure and experience the pain of dealing with their own family reality.

The acting out child draws attention to him or herself by negative behavior. They cause disruption in their own lives and in the life of the family, thereby providing a distraction from the alcoholism. This child often becomes the family scapegoat, bringing a new focus of blame to the family.

In addressing the needs of children of alcoholics it is important to keep in mind that the majority of these children may appear to be dealing successfully with the disruptive family situation. While research which focuses on problematic behaviors and symptomatology in children of alcoholics is vital it may be that a significant number of these children are being neglected because they appear "normal." Many of these children are considered to be responsible, caring, sensitive, and able to adjust to crisis. As adults they may appear to have emerged from this extremely difficult situation unscathed. They are the "survivors," but at what cost? These means of coping often result in emotional and psychological deficits which emerge with more clarity in adulthood. It is in adulthood that these survivors may end up not surviving, as evidenced in the development of problem drinking, marrying an alcoholic, or experiencing a number of psychological problems.

Conclusion

The primary goal of this paper has been to provide an extensive evaluation of the empirical literature to date on children of alcoholics. It was seen that a number of studies were not methodologically sound and so were not weighted heavily in an attempt to identify with some sense of certainty the potential difficulties experienced by children of alcoholics. What can be concluded from the empirical literature is that children raised in an alcoholic family are at increased risk for developing school problems, substance

abuse in adolescence and/or adulthood, social difficulties, hyperactivity, low self-esteem, an external locus of control, and legal difficulties.

The question of generalizability was then addressed. It was seen that most studies on children of alcoholics obtain their samples from treatment groups. Kammeier's (1971) study, which consisted of a nonclinical sample, suggests that the clinical alcoholic may not be representative of the alcoholic population in general. It is evident that more studies employing nonclinical samples are needed to determine the differential effects on the offspring.

The third area examined was whether the empirical literature identifies the alcoholic family system as a unique form of systemic dysfunction or as equivalent to other pathological families. It was seen that only one study has attempted to address this issue. As such, no definitive conclusions can be drawn.

Finally, the alcoholic family system was examined in light of the findings of clinicians who have worked extensively with alcoholic families. These clinicians characterize life in an alcoholic family as inconsistent, unpredicatable, arbitrary, and chaotic. The issues of interpersonal relationships, co-dependency, Post Traumatic Stress Disorder, and emotional interactions among family members were examined. Black's (1981) findings that the majority of children of alcoholics are not problem children was then addressed. She found that many of these children adopt one of four roles within the family in an attempt to deal with the chaos imposed by the alcoholism: 1) The responsible child, 2) The adjuster, 3) The placater, and 4) The acting out child. Based on her work it appears that many of these children exhibit "normal" behaviors and do not draw special attention to themselves. In conclusion, it seems that while research that focuses on problematic behaviors and symptomatology in children of alcoholics is vital, it may be that the majority of these children are being neglected because they appear "normal." Additional work by both researchers and clinicians

needs to address not only the problem behaviors of children of alcoholics but also the masked problems.

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